have the economic situation to support the use of chronic high-grade narcotics (particularly very expensive ones). What do their citizens do? And have you ever seen an animal that needed chronic narcotics? The lessons I'm obviously implying are easily available for anyone who simply wishes to look at pain behavior across the world. However, ethnocentrism seems to lead many investigators to turn a blind eye to the rest of the world.

While full understanding of pain behavior in humans requires looking at all humans, we may still learn a great deal from examination of selected subgroups. In regard to the subgroup of patients with chronic nonmalignant pain, there is much to learn about pain from an examination of desires.

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Common Industry Practices and OIG Compliance Guidance

Dear Editor,

I read the Office of Inspector General (OIG) Compliance Program Guidance for Pharmaceutical Manufacturers published May 5, 2003.¹ In my opinion, the key to the "guide" is contained in the introductory discussion under kickbacks. The OIG states that what people may regard as common industry practices (for example, relationship-building activities such as

taking customers to entertainment or sporting events, dinners, or seminars) are not necessarily legal when viewed under the antikickback laws. This is a somewhat disingenuous statement, as there is a lot of discretion involved in determining these matters, and it is a very technical reading of a very vague statute.

The antikickback statute is so broadly written, *everything* seems illegal. We've raised, and now seem to celebrate with large legal fees, a generation of technocrats: compliance experts that sanctimoniously opine on what's legal, etc., based on literal readings, without understanding or caring about the impact from a substantive or industry standpoint.

The biggest trap in the guidelines is the reliance on the so-called "one purpose" test: If one purpose of a program can be considered to be inducing referrals, then the whole program structure fails. What is it that the drug manufacturers do that isn't based on the motivation to sell their product or induce referrals? Does anyone think the education and research programs, even divorced from sales, are charitable? If the OIG wants price competition, it seems to me that it should try to adapt its rules to common industry practices and focus on obvious abuses and outright fraud or inappropriate conduct. Doesn't price competition require manufacturers to follow, not disregard, "common industry practices?"

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